# Pagenjamin J. Cox, P.A.

# ATTORNEY AND COUNSELOR AT LAW

Physical and Mailing Address:

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June 28, 1999

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600002923886--6 -07/06/99--01122--011 \*\*\*\*122.50 \*\*\*\*\*\*78.75

Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

RE:

SUPERIOR CABLE CONTRACTORS, INC.

## Gentlemen:

Please find enclosed executed "Articles of Corporation" for the above-captioned corporation for filing. I have enclosed my firm's check in the amount of \$122.50 to cover the costs as follows:

Filing Fees	\$ 35.00
Certified Copy	52.50
Reg. Agent/Des	35.00

Please return a Certified Copy of the Articles of Incorporation to the above address.

Please feel free to call collect if you have any questions.

Sincerely,

BENJAMIN J. COX

BJC/tfw Enclosure FILED

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ECRETARY OF STAIL
ALLAHASSEE, FLOREDA



# ARTICLES OF INCORPORATION

OF

# SUPERIOR CABLE CONTRACTORS, INC.

The undersigned incorporator hereby associates herself to form a corporation under Chapter 607, Florida Statutes.

## ARTICLE I - NAME

The name of the corporation is SUPERIOR CABLE CONTRACTORS, INC., and its principal place of business is 875 Golden Isle Drive, Mount Dora, Lake County, Florida.

# ARTICLE II - GENERAL PURPOSE

The general purpose or purposes for which the corporation is organized is the transaction of any or all lawful business for which corporations may be incorporated under Chapter 607, Florida Statutes.

# ARTICLE III - CAPITAL STOCK

The aggregate number of shares of stock which the corporation shall have authority to issue is 7,500 shares of common stock having a par value of \$1.00 per share.

# ARTICLE IV - TERM OF EXISTENCE

This corporation shall begin its existence on the day in which these Articles of Incorporation are filed by the Secretary of State of the State of Florida, and shall exist perpetually.

## ARTICLE V ADDRESS OF INITIAL REGISTERED OFFICE AND NAME OF INITIAL REGISTERED AGENT

The initial registered office of this corporation and the name of its initial registered agent at such address is:

ALEXANDER KIM EVANS, 875 Golden Isle Drive, Mount Dora, Florida 32757

## ACKNOWLEDGMENT:

Having been made to accept service of process for the above-stated corporation at the place designated in these Articles of Incorporation, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of

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my duties.

Resident Agent

Pursuant to the provisions of Section 607.111(1), Florida Statutes, the business of the corporation shall be managed by the Shareholders of the corporation rather than by a Board of Directors.

## ARTICLES VII - OFFICERS

The name and post office addresses of the officers of the corporation are:

PRESIDENT:

ALEXANDER KIM EVANS

875 Golden Isle Drive

Mount Dora, Florida 32757

VICE-PRESIDENT: KAREN LEE EVANS

875 Golden Isle Drive

Mount Dora, Florida 32757

SECRETARY:

KAREN LEE EVANS

875 Golden Isle Drive

Mount Dora, Florida 32757

TREASURER:

ALEXANDER KIM EVANS

875 Golden Isle Drive

Mount Dora, Florida 32757

#### ARTICLE VIII - INCORPORATORS

The name and address of the incorporator is:

ALEXANDER KIM EVANS, 875 Golden Isle Drive, Mount Dora, Florida 32757

## ARTICLE IX - AMENDMENT

The Articles of Incorporation may be amended in the manner provided by law.

## ARTICLE X - BYLAWS

The power to adopt, amend or repeal the Bylaws shall be reserved in the Shareholders of this corporation.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this the \_\_\_\_\_ day of

\_\_\_\_\_\_, 1999

ALEXANDER KIM EVANS

STATE OF FLORIDA COUNTY OF *LAKE* 

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County aforesaid to take acknowledgments, personally appeared ALEXANDER KIM EVANS, to me, known to be the person described as the incorporator in and who executed the foregoing Articles of Incorporation, and he acknowledged before me that he executed the said Articles of Incorporation, who did \_\_\_\_ did not > \_\_\_\_ take an oath, personally known \_\_\_\_ , produced \_\_\_\_ as identification.

WITNESS my hand and official seal in the County and State last aforesaid this the \_\_\_\_ day of \_\_\_\_\_ NOTARY PUBLIC

My Commission Expires:

